

**Index of Claims**

**Application/Control No.**
**10/608,276**
**Applicant(s)/Patent under Reexamination**
**CENTANNI, MICHAEL A.**
**Examiner**
**Brian J. Sines**
**Art Unit**
**1743**

|                                     |                 |                                     |  |                          |          |                     |                          |          |                 |
|-------------------------------------|-----------------|-------------------------------------|--|--------------------------|----------|---------------------|--------------------------|----------|-----------------|
| <input checked="" type="checkbox"/> | <b>Rejected</b> | <input type="checkbox"/>            | <b>(Through numeral)<br/>Cancelled</b> | <input type="checkbox"/> | <b>N</b> | <b>Non-Elected</b>  | <input type="checkbox"/> | <b>A</b> | <b>Appeal</b>   |
| <input type="checkbox"/>            | <b>Allowed</b>  | <input checked="" type="checkbox"/> | <b>Restricted</b>                      | <input type="checkbox"/> | <b>I</b> | <b>Interference</b> | <input type="checkbox"/> | <b>O</b> | <b>Objected</b> |

| Claim | Final                               | Original                            | Date |
|-------|-------------------------------------|-------------------------------------|------|
| 1     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 2     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 3     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 4     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 5     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 6     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 7     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 8     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 9     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 10    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 11    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 12    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 13    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 14    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 15    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 16    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 17    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 18    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 19    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 20    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 21    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 22    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 23    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 24    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 25    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 26    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 27    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 28    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 29    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 30    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 31    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 32    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 33    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 34    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 35    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 36    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 37    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 38    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 39    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 40    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 41    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 42    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 43    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 44    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 45    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 46    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 47    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 48    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 49    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 50    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |

| Claim | Final                               | Original                            | Date |
|-------|-------------------------------------|-------------------------------------|------|
| 51    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 52    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 53    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 54    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 55    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 56    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 57    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 58    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 59    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 60    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |
| 61    |                                     |                                     |      |
| 62    |                                     |                                     |      |
| 63    |                                     |                                     |      |
| 64    |                                     |                                     |      |
| 65    |                                     |                                     |      |
| 66    |                                     |                                     |      |
| 67    |                                     |                                     |      |
| 68    |                                     |                                     |      |
| 69    |                                     |                                     |      |
| 70    |                                     |                                     |      |
| 71    |                                     |                                     |      |
| 72    |                                     |                                     |      |
| 73    |                                     |                                     |      |
| 74    |                                     |                                     |      |
| 75    |                                     |                                     |      |
| 76    |                                     |                                     |      |
| 77    |                                     |                                     |      |
| 78    |                                     |                                     |      |
| 79    |                                     |                                     |      |
| 80    |                                     |                                     |      |
| 81    |                                     |                                     |      |
| 82    |                                     |                                     |      |
| 83    |                                     |                                     |      |
| 84    |                                     |                                     |      |
| 85    |                                     |                                     |      |
| 86    |                                     |                                     |      |
| 87    |                                     |                                     |      |
| 88    |                                     |                                     |      |
| 89    |                                     |                                     |      |
| 90    |                                     |                                     |      |
| 91    |                                     |                                     |      |
| 92    |                                     |                                     |      |
| 93    |                                     |                                     |      |
| 94    |                                     |                                     |      |
| 95    |                                     |                                     |      |
| 96    |                                     |                                     |      |
| 97    |                                     |                                     |      |
| 98    |                                     |                                     |      |
| 99    |                                     |                                     |      |
| 100   |                                     |                                     |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101   |       |          |      |
| 102   |       |          |      |
| 103   |       |          |      |
| 104   |       |          |      |
| 105   |       |          |      |
| 106   |       |          |      |
| 107   |       |          |      |
| 108   |       |          |      |
| 109   |       |          |      |
| 110   |       |          |      |
| 111   |       |          |      |
| 112   |       |          |      |
| 113   |       |          |      |
| 114   |       |          |      |
| 115   |       |          |      |
| 116   |       |          |      |
| 117   |       |          |      |
| 118   |       |          |      |
| 119   |       |          |      |
| 120   |       |          |      |
| 121   |       |          |      |
| 122   |       |          |      |
| 123   |       |          |      |
| 124   |       |          |      |
| 125   |       |          |      |
| 126   |       |          |      |
| 127   |       |          |      |
| 128   |       |          |      |
| 129   |       |          |      |
| 130   |       |          |      |
| 131   |       |          |      |
| 132   |       |          |      |
| 133   |       |          |      |
| 134   |       |          |      |
| 135   |       |          |      |
| 136   |       |          |      |
| 137   |       |          |      |
| 138   |       |          |      |
| 139   |       |          |      |
| 140   |       |          |      |
| 141   |       |          |      |
| 142   |       |          |      |
| 143   |       |          |      |
| 144   |       |          |      |
| 145   |       |          |      |
| 146   |       |          |      |
| 147   |       |          |      |
| 148   |       |          |      |
| 149   |       |          |      |
| 150   |       |          |      |